

CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

RECEIVED
NOV 16 2004
Technology Center 2600

on November 9, 2004

Gloria Lynn Knox
Gloria Lynn Knox

In Re Application of:

Benedict A. Itri

Serial No.: 09/819,325

Filed: March 28, 2001

Confirmation No.: 4374

Group Art Unit: 2644

Examiner: Swerdlow, Daniel

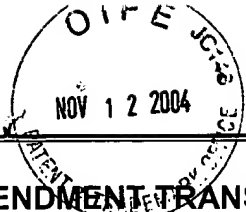
Docket No.: 060705-1590

For: **DSL Line Tester**

The following is a list of documents enclosed:

Amendment and Response to (Non-Final) Office Action
Amendment Transmittal Letter (Large)
Petition for Extension of Time under 37 CFR 1.136(a)
PTO-2038 authorizing payment in the amount of \$110.00 for the one-month
Extension of Time
Return Postcard

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.



41 2644

AMENDMENT TRANSMITTAL LETTER (LARGE)

Docket No.

060705-1590

Applicant(s): **Benedict A. Itri**

Serial No.
09/819,325

Filing Date
March 28, 2001

Examiner
Swerdlow, Daniel

Confirmation No.
4374

Group Art Unit
2644

Invention: **DSL Line Tester**

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**Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450**

Technology Center 2600


Transmitted herewith is the Amendment and Response to (Non-Final) Office Action and a One-Month Extension of Time in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	34 =	0	X \$18.00	\$0.00
INDEP. CLAIMS	3 -	8 =	0	X \$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$150.00
EXTENSION FEE	1 ST MONTH <input checked="" type="checkbox"/> \$110.00	2 ND MONTH <input type="checkbox"/> \$430.00	3 RD MONTH <input type="checkbox"/> \$980.00	4 TH MONTH <input type="checkbox"/> \$1530.00	\$110.00
Other Fees:					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$110.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$110.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.


Daniel R. McClure, Reg. No. 38,962

Nov 9, 2004
Date